

Wyoming Department of Health Aging Division

Long Term Care Medicaid Waiver

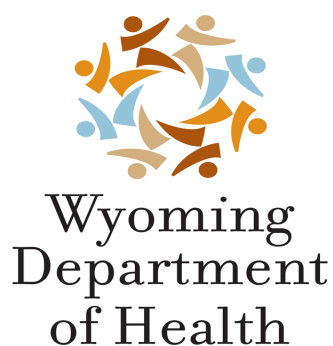


Assisted Living Facility Medicaid Waiver



Provider Instructions

**Case Management
Supervisor Review Report**



Commit to your health.

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Case Management Supervisor Review Report

This report is a compilation of the information from the individual Case Management Monthly Evaluation (HCBS-7) forms that have been completed during home visits, incident ~ critical event reports and agency caseload information.

The Supervisor collects and compiles the information to respond to the questions on this report. The report may be submitted in the CITRIX server environment **or** by using a similar form (Word document) found on the Waiver Program resource page located in the Health Department Aging Division website (www.health.wyo.gov/aging/index.html).

Submitting the Supervisor Report electronically

The report can be located by selecting the “Supervisor Report” “Click!” button located in your agency CITRIX Consumer List screen. The example below shows the “LTC Waiver” teal background screen. The same screen format is also located in the “ALF Waiver” with a maroon background. They are accessed using the same basic steps.

BE SURE TO COMPLETE A SEPARATE SUPERVISORY REPORT
FOR EACH WAIVER

DO NOT COMBINE TOGETHER INFORMATION FROM BOTH WAIVERS!

The screenshot shows a web application interface for case management. The main area is titled 'Clients Assigned to Case Manager'. It features a table with columns 'Last' and 'First' for client names. To the right of the table is a sidebar with several buttons and links. The 'Supervisory Report' button is circled in pink. Other buttons include 'Add a new client and plan', 'Print plan for client - highlight individual', 'Delete plan(s) for client - highlight individual', 'Delete highlighted client and all person's plans', 'Delete a plan for the highlighted client', 'Select plan date', 'Plans not yet processed', 'Plans rejected Aging', 'Plans not submitted and removed', and 'Rejected demographic mods'. The bottom of the screen shows a 'Form View' status bar.

Entering information in the Supervisor Report form:

1. "Beginning Date" - for this quarterly report.
NOTE: Starting dates must be January 1st, April 1st, July 1st or October 1st in each year.
2. "Ending Date" - Based on the date entered in the "Beginning Date" field, the "Ending Date" will automatically fill with the correct quarter ending date.
3. "Provider" - Name and number field will auto fill based on your log in PIN number.
4. "Name of person responsible for this report" - Type the name of the person responsible for the content and information in this report.
5. "Their title" - Select from the list the title of the person responsible for this report.

The screenshot shows the Supervisor Report form with the following fields and callouts:

- Callout 1:** Points to the "Beginning Date" field, which is highlighted with a green box containing the text: "Only use () year, 04/01/year, 07/01/year or 10/01/year as beginning date".
- Callout 2:** Points to the "Ending Date" field, which is highlighted with a green box containing the text: "End date will fill automatically".
- Callout 3:** Points to the "Provider" field, which is circled in pink.
- Callout 4:** Points to the "Name of person responsible for this report" field.
- Callout 5:** Points to the "Their title" dropdown menu.

The form includes a "Quarter Dates of This Report" section with "Beginning Date" and "Ending Date" fields. Below this is a "Provider" field and a "Name of person responsible for this report" field. There is also a "Their title" dropdown menu and a "Print Monthly reports" button. The form is divided into three tabs: "Month 1", "Month 2", and "Month 3". The "Month 1" tab is selected. The form contains several data entry fields for various metrics, including:

- # of monthly visits (HCBS-7) completed this month
- # of APS information kits provided/reviewed this month
- # of client safety planning reviews this month
- # of late renewal plans this month (after the 25th)
- # of clients not receiving all authorized plan services
- # of clients having a care conference this month

There are also sections for "Critical events occurring this month" and "Plan amendments submitted this month". The "Critical events" section includes fields for APS referrals, Law Enforcement referrals, Injuries requiring medical attention, Wandering away/elopements, and Hospitalizations. The "Plan amendments" section includes fields for Case Manager/Coordinator correction and Client requested change. At the bottom, there is a "Comments" text area and a "Record" section showing "3 of 3 (Filtered)".

The form has three tabs ~ one for each month of the reporting quarter.
The form will open at the “Month 1” tab.

NOTE: The name of the first month of the reporting quarter will automatically show in the box below the tabs. This is a visual check to be sure you are in the correct MONTH.

Using the information from the Case Management Monthly Evaluation forms and other agency reports complete the following fields:

6. “# of monthly visits (HCBS-7) completed this month” – The number of monthly evaluation visits done this month.
7. “# of APS information kits provided / reviewed this month”.
8. “# of client safety planning reviews this month”.
9. “# of late renewal plans this month” – The number of renewal plans not submitted by the 25th.
10. “# of clients **not receiving** all authorized plan services” – The number of clients not using all the service units they had authorized on their plan of care.
11. “# of clients having a care conference this month” – The number of waiver client care conferences held this month.

The screenshot shows a web-based form titled "Quarter Dates of This Report". It features a green header with instructions: "Only use 01/01/year, 04/01/year, 07/01/year or 10/01/year as beginning date" and "End date will fill automatically". Below this are fields for "Beginning Date" and "Ending Date", and a "Create new Qtrly Report" button. The form is divided into sections for "Provider" information and "Name of person responsible for this report". A tabbed interface shows "Month 1", "Month 2", and "Month 3", with "Month 1" selected and displaying "JULY". The main data entry area is divided into two columns. The left column contains fields for: "# of monthly visits (HCBS-7) completed this month" (callout 6), "# of APS information kits provided/reviewed this month" (callout 7), "# of client safety planning reviews this month" (callout 8), "# of late renewal plans this month (after the 25th)" (callout 9), "# of clients not receiving all authorized plan services" (callout 10), and "# of clients having a care conference this month" (callout 11). The right column contains a section "al events occurring this month" with fields for "APS referrals", "Law Enforcement referrals", "Injuries requiring medical attention", "Wandering away/elopements", and "Hospitalizations". Below this is a section "Plan amendments submitted this month" with fields for "Case Manager/Coordinator correction" and "Client requested change". A "Comments" text area is located at the bottom left. The footer shows "Record: 3 of 3 (Filtered)".

Quarter Dates of This Report	
Beginning Date	Ending Date
Create new Qtrly Report	
Provider	
Name of person responsible for this report	
Their title	
Print Monthly reports	
Month 1 Month 2 Month 3	
JULY	
# of monthly visits (HCBS-7) completed this month	6
# of APS information kits provided/reviewed this month	7
# of client safety planning reviews this month	8
# of late renewal plans this month (after the 25th)	9
# of clients not receiving all authorized plan services	10
# of clients having a care conference this month	11
al events occurring this month	
APS referrals	0
Law Enforcement referrals	0
Injuries requiring medical attention	0
Wandering away/elopements	0
Hospitalizations	0
Plan amendments submitted this month	
Case Manager/Coordinator correction	0
Client requested change	0
Comments	
Record: 3 of 3 (Filtered)	

Continue with the Column for “Critical events occurring this month”. Compile the information from the Case Management Monthly Evaluation forms and agency internal incident or critical event reports.

12. “APS referrals”.
13. “Law Enforcement referrals”.
14. “Injuries requiring medical attention”.
15. “Wandering away / elopements”.
16. “Hospitalizations”.

The screenshot shows a web-based form titled "Quarter Dates of This Report". It includes fields for "Beginning Date" and "Ending Date", with instructions: "Only use 01/01/year, 04/01/year, 07/01/year or 10/01/year as beginning date" and "End date will fill automatically". There is a "Create new Qtrly Report" button. Below this are fields for "Provider" (with a dropdown showing "AM"), "Name of person responsible for this report" (with a dropdown), and "Their title" (with a dropdown). A "Print Monthly reports" button is also present. The form is divided into three tabs: "Month 1", "Month 2", and "Month 3". The "Month 1" tab is active. It contains two main sections: "Critical events occurring this month" and "Plan amendments submitted this month". The "Critical events" section has six rows, each with a label and a numeric input field (all showing 0): "# of monthly visits (HCBS-7) completed this month", "# of APS information kits provided/reviewed this month", "# of client safety planning reviews this month", "# of late renewal plans this month (after the 25th)", "# of clients not receiving all authorized plan services", and "# of clients having a care conference this month". The "Plan amendments" section has two rows: "Case Manager/Coordinator correction" and "Client requested change", both with numeric input fields (both showing 0). A "Comments" field is located below the "Critical events" section. Callouts 12 through 18 point to the following elements: 12 points to the "Critical events occurring this month" header; 13 points to the "APS referrals" row; 14 points to the "Law Enforcement referrals" row; 15 points to the "Injuries requiring medical attention" row; 16 points to the "Hospitalizations" row; 17 points to the "Case Manager/Coordinator correction" row; 18 points to the "Client requested change" row.

“Plan Amendments submitted this month” Section.

17. “Case Manager / Coordinator correction” – The number of amendments submitted to correct Case Manager/Coordinator errors.
18. “Client requested change” – The number of amendments submitted to make client requested plan changes.

A “Comments” field is included for any additional information. However, an entry is not required.

Printing the Supervisor Report

You may print a copy of this report for your records by choosing the "Print Monthly reports" button located near the "ending Date" field. Each month of the quarter prints as a separate page. A preview of the report page will appear. **Be sure you are in the correct record.**

Use the printer icon from the toolbar to print each month's page for the three month report.

Supervisor Review Quarterly Report

Provider: Name of person entering data: Title:
1730615716

Quarter Dates of This Report: Beginning Date: Ending Date:
Month:

# of Case Manager/Coordinator corrections done this month	2
# of APB packets distributed this month	2
# of new client plans submitted this month	0
# of renewal plans completed this month	0
# of late renewal plans this month (after the 26th)	2
# of clients not receiving all authorized plan services	2
# of clients having a care conference this month	2

Critical events occurring this month

APB referrals	2
Late Birth certificate referrals	2
Injuries requiring medical attention	2
Wandering away/abuse	2
Deaths	2

Plan amendments submitted this month

Case Manager/Coordinator correction	2
Client request	2

Comments:

Because this is a CITRIX form, the Division can access your data from the server.

You do not need to mail any reports to the Division.

Submitting the Supervisor Report in paper format

For providers that are not currently using the CITRIX server to submit Care Plans, the report must be submitted manually to the Division.

The templates for this report may be found on the Department of Health, Aging Division website: (www.health.wyo.gov/aging/index.html). From the Aging Division Home Page follow the links:

“Information for Providers”

“Information Resources”

“Medicaid Waiver funded Resources”

“Waiver Resources Page”

There are two forms located there: one to report Long Term Care Waiver information and a second form to report Assisted Living Facility Waiver information.

The image displays two screenshots of a supervisor review form, both titled "Case Management Supervisor Review Monthly Report". The top screenshot is for the "Long Term Care Waiver" and the bottom screenshot is for the "Assisted Living Waiver". Both forms are identical in structure and content, with the title of the report circled in pink in each. The forms include fields for "Provider Name", "Name and title of person responsible for this report", "Date report is submitted", and "Month / Year of this Report". Below these fields are two columns of activities and events. The left column, titled "CASE MANAGER / CARE COORDINATOR ACTIVITIES", lists six items: "# of monthly visits (HCBS-7) completed this month", "# of APS Information kits provided / reviewed this month", "# of client safety planning reviews this month", "# of late renewal plans this month (after the 25th)", "# of clients not receiving all authorized plan services this month", and "# of clients having a care conference this month". The right column, titled "CRITICAL EVENTS OCCURING THIS MONTH", lists five items: "APS referrals", "Law Enforcement referrals", "Injuries requiring medical attention", "Wandering away/elopements", and "Hospitalizations". Below these lists are two sections for "PLAN AMENDMENTS SUBMITTED THIS MONTH", each with two items: "Case Manager/Coordinator Correction" and "Client requested change". The bottom of each form includes a file path and the date "Revised 10/17/2006". The screenshots are taken from a Windows XP desktop environment, with the taskbar and system tray visible at the bottom.

Case Management Supervisor Review Monthly Report
Long Term Care Waiver

Provider Name _____
Name and title of person responsible for this report _____
Date report is submitted _____
Month / Year of this Report ~ ____ / ____

CASE MANAGER / CARE COORDINATOR ACTIVITIES

of monthly visits (HCBS-7) completed this month _____
of APS Information kits provided / reviewed this month _____
of client safety planning reviews this month _____
of late renewal plans this month (after the 25th) _____
of clients not receiving all authorized plan services this month _____
of clients having a care conference this month _____

CRITICAL EVENTS OCCURING THIS MONTH

APS referrals _____
Law Enforcement referrals _____
Injuries requiring medical attention _____
Wandering away/elopements _____
Hospitalizations _____

PLAN AMENDMENTS SUBMITTED THIS MONTH

Case Manager/Coordinator Correction _____
Client requested change _____

Revised 10/17/2006

Case Management Supervisor Review Monthly Report
Assisted Living Waiver

Provider Name _____
Name and title of person responsible for this report _____
Date report is submitted _____
Month / Year of this Report ~ ____ / ____

CASE MANAGER ACTIVITIES

of monthly visits (HCBS-7) completed this month _____
of APS Information kits provided / reviewed this month _____
of client safety planning reviews this month _____
of late renewal plans this month (after the 25th) _____
of clients not receiving all authorized plan services this month _____
of clients having a care conference this month _____

CRITICAL EVENTS OCCURING THIS MONTH

APS referrals _____
Law Enforcement referrals _____
Injuries requiring medical attention _____
Wandering away/elopements _____
Hospitalizations _____

PLAN AMENDMENTS SUBMITTED THIS MONTH

Case Manager Correction _____
Client requested change _____

G:\Aging\AGING\Medicaid shared folders\quality assurance\supervisorreport formatted ALF.rtf
Revised 10/17/2006

Entering information in the Supervisor Report form:

Both forms have the same questions to complete. Enter the following information:

1. Provider Name
2. Name and title of person responsible for the information in this report.
3. Date the report is submitted
4. Month and year of this report

Case Management Supervisor Review Monthly Report
Long Term Care Waiver

Provider Name _____

Name and title of person responsible for this report _____

Date report is submitted _____

Month / Year of this Report ~ ____ / ____

CASE MANAGER / CARE COORDINATOR ACTIVITIES

of monthly visits (HCBS-7) completed this month _____

of APS information kits provided / reviewed this month _____

of client safety planning reviews this month _____

of late renewal plans this month (after the 25th) _____

of clients not receiving all authorized plan services this month _____

of clients having a care conference this month _____

CRITICAL EVENTS OCCURRING THIS MONTH

APS referrals _____

Law Enforcement referrals _____

Injuries requiring medical attention _____

Wandering away/elopements _____

Hospitalizations _____

AMENDMENTS SUBMITTED THIS MONTH

Case Manager/Coordinator Correction _____

Client requested change _____

Revised 10/17/2006

Continue with the section **“Case Management / Care Coordinator Activities”**

5. “# of monthly visits (HCBS-7) done this month” – The number of monthly evaluation visits done this month.
6. “# of APS information kits provided / reviewed this month”.
7. “# of client safety planning reviews this month”.
8. “# of late renewal plans this month” – The number of renewal plans not submitted by the 25th.
9. “# of clients not receiving all authorized plan services” – The number of clients not using all the service units they had authorized on their plan of care.
10. “# of clients having a care conference this month” – The number of waiver client care conferences held this month.

Continue with the section **“Critical Events Occurring This Month”**

11. “APS referrals”.
12. “Law Enforcement referrals”.
13. “Injuries requiring medical attention”.
14. “Wandering away / elopements”.
15. “Hospitalizations”.

**Case Management Supervisor Review Monthly Report
Long Term Care Waiver**

Provider Name _____
Name and title of person responsible for this report _____
Date report is submitted _____
Month / Year of this Report ~ _____ / _____

<u>CASE MANAGER / CARE COORDINATOR ACTIVITIES</u>	<u>CRITICAL EVENT / OCCURRING THIS MONTH</u>
<u># of monthly visits (HCBS-7) completed this month</u> _____	<u>APS referrals</u> _____
<u># of APS information kits provided / reviewed this month</u> _____	<u>Law Enforcement referrals</u> _____
<u># of client safety planning reviews this month</u> _____	<u>Injuries requiring medical attention</u> _____
<u># of late renewal plans this month (after the 25th)</u> _____	<u>Wandering away/elopements</u> _____
<u># of clients not receiving all authorized plan services this month</u> _____	<u>Hospitalizations</u> _____
<u># of clients having a care conference this month</u> _____	<u>PLAN AMENDMENTS SUBMITTED THIS MONTH</u>
	<u>Case Manager/Coordinator Correction</u> _____
	<u>Client requested change</u> _____

Revised 10/17/2006

Complete the last section **“Plan Amendments submitted this month”**.

16. “Case Manager Correction” – The number of amendments submitted to correct Case Manager/Coordinator errors.
17. “Client requested change” - The number of amendments submitted to make client requested plan changes.

Any additional comments to provide clarifying information can be written at the bottom or on the back of the form.

Printing the Supervisor Report

A copy of this report can be printed the same as any other Word document.

Timeline for submitting reports

The forms need to be completed electronically or mailed to the Aging Division Waiver Program using the following timeline:

Supervisor Quarterly Reports must be entered in CITRIX or mailed to the Aging Division Waiver Program Manager 60 days following the close of the calendar quarter.

Information for the Months of January ~ February ~ March due **June 30th**

Information for the Months of April ~ May ~ June due **September 30th**

Information for the Months of July ~ August ~ September due **December 31st**

Information for the Months of October ~ November ~ December due **March 31st**